DISCLOSURE SUMMARY PAGE	(Rev. 02/96) DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) pm 1-7	For Office Use Only 3-76
	Comm. #
2010 JAn 1 1 11112 30	Audited
IMPORTANT: Indicate type of committee you are reporting for: 1	Computer
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	(a DAGO
1) 11 11 11	
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Penalties Due For Late Filed Reports Range from \$10	to \$400
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
AM FILING A 12/31/2009 REPORT FOR AN/A (1) ELECTIC	N /(2)NON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED Local	Committees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	y & Local Committees, enter County in Election is held
STATEMENT OF CASH ON HAND	
ASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	/ //2
ADD TOTAL MONEY TAKEN IN THIS PERIOD	$\frac{1}{1}$ $\frac{642.32}{1}$
Schedule A: Cash Contributions total (Attach Schedule A)	2 704 44
Schedule C: Fund-raising Events total (Attach Schedule C)	- - 3, 104 - 44
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
Tyrus to Gandidates Committees Only)	
SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD	5,346.76
Schedule B: Expenditures total (Attach Schedule B)	
Schedule F: Loan Repayments total (Attach Schedule F)	<u> </u>
ASH ON HAND at the end of this reporting period (if final report, balance must	
be zero) (Attach DR-3)	s <u>4, 169-76</u>
NPAID BILLS (From Schedule D. Attack Catalal S.	
NPAID BILLS (From Schedule D - Attach Schedule D)	\$
VITSTANDING LOANS (From Schedule E - Attach Schedule E)	\$ 150,00
UTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$
ONSULTANT BREAKDOWN (Schedule G Attached?)	YES _XNO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$

DISCLOSURE

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

SCHEDULE

A MONETARY
STATE RECEIPTS
CANDIDATE

CHECK IF
AMENDING
FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IO ETHICS AND CAMPAIGN DISCLOSURE BOARD.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT
RECEIVED	& PAC CHECK		TO CANDIATE	RECEIVED
	number			
1/1/2009	ID#	CASEBINE CREDIT UNION		\$
THRU	CK#	2115 DES MOINES AVE		6.08
12/31/2009		BURLINGTON, IOWA 52601		
	ID# 9748	MIDWEST PAC		
5/12/2009	CK# 1080	1636 NW 114TH ST		100.00
		CLIVE, IOWA 50325		
	ID# 6378	I-VET PAC		
5/12/2009	CK# 2138	1605 N ANKENY BLVE., STE. 110		100.00
		ANKENY, IOWA		
	ID# 6400	IOWA RESTAURANT ASSOCIATION		
5/12/2009	CK# 693	8525 DOUGLAS, SUITE 47		100.00
		DES MOINES, IOWA 50322		
	ID# 6351	PETROLEUM MARKETERS & CONV. STO	RES	
5/12/2009	CK# 1558	10430 NEW YORK AVE., STE. F		200.00
		URBANDALE, IOWA 50322		
	ID# 6052	INDEPENDENT INS. AGENTS OF IA. PAC		
5/12/2009	CK# 3353	4000 WESTOWN PKWY., STE. 200		200.00
		WEST DES MOINES, IOWA 50265		
	ID# 6034	ENGINEERS PAC		
5/12/2009	CK# 1560	1000 WALNUT ST. SUITE 102		200.00
		DES MOINES, IOWA 50309		
		IOWA OPTOMETRIC ASSOC. PAC	W	
5/12/2009	CK# 2645	1454 - 30TH STREET, STE. 204		200.00
		WEST DES MOINES, IOWA 50266		
			SUB-TOTAL S	1106.08

TOTAL (if last page of this schedule) \$	

Page	1of_	3
(for Sch	edule A)	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marrage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

SCHEDULE

A MONETARY
STATE RECEIPTS
CANDIDATE

CHECK IF
AMENDING
FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IO ETHICS AND CAMPAIGN DISCLOSURE BOARD.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT
RECEIVED	& PAC CHECK		TO CANDIATE	RECEIVED
	number			
	ID# 6429	HEAVY HIGHWAY PAC		\$
5/12/2009	CK# 2252	2415 INGERSOLL AVE		500.00
		DES MOINES, IOWA 50312		
	ID# 6067	IOWA HEALTH PAC		
5/12/2009	CK# 4007	6750 WESTOWN PARKWAY #100		250.00
		WEST DES MOINES, IOWA 50266		
	ID# 6096	MANUFACTURED HOUSING PAC		
5/12/2009	CK# 2134	1400 DEAN AVE		100.00
		DES MOINES, IOWA 50316		
	ID# 9675	OAAI PAC		
5/12/2009	CK# 1120	PO BOX 7255		150.00
		DES MOINES, IOWA 50309		
	ID#	MICHAEL & SUSAN CAMERON		
5/12/2009	CK# 3824	600 BRENTWOOD DR		100.00
		WAUKEE, IOWA 50263		
	ID#	THOMAS COPE		
5/12/2009	CK# 1741	8532 NEWBURY COURT		50.00
		JOHNSTON, IOWA 50131		
	ID#	JOHN & CYNDI PEDERSON		
5/12/2009	CK# 2319	1075 44TH ST		100.00
		DES MOINES, IOWA 50311		
	ID#	DAVID & PATRICIA PALMER		
5/12/2009	CK# 1624	213 SW FLYNN DR		50.00
		ANKENY, IOWA 50023		
			SUB-TOTAL S	1300.00

TOTAL (if last page of this schedule) \$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the
committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by
marrage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no
familial relationship, enter "not applicable" in the relationship column.

Page_	_2_	of	_3	_
(for Sc	hedul	e A)		

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

SCHEDULE
A MONETARY
STATE RECEIPTS
CANDIDATE

CHECK IF
AMENDING
FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IO ETHICS AND CAMPAIGN DISCLOSURE BOARD.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT
RECEIVED	& PAC CHECK		TO CANDIATE	RECEIVED
	number			
	ID#	DON BRAZELTON		\$
5/12/2009	CK# 2733	1510 NE. TRILEIN DR		20.00
		ANKENY, IOWA 50021		
	ID#	ANDREW & DOROLYN BAUMERT		
5/12/2009	CK# 5239	5068 COACHLIGNT DR		25.00
		WEST DES MOINES, IOWA 50265		
	ID#	WAYNE & CHARLOTTE HADDY		
5/14/2009	CK# 4134	2151 LYNNCREST DR		50.00
		CORALVILLE, IOWA 52241		
	ID# 8431	KOCH INDUSTRIES, INC. PAC		
10/17/2009	CK# 7334	600 14TH ST NW, STE 800		500.00
		WASHINGTON, DC 20005		
	ID# 6058	IOWA CHIROPRACTIC SOCIETY PAC		
10/21/2009	CK# 4555	100 EAST GRAND AVE., SUITE 240		200.00
		DES MOINES, IOWA 50309		
l l	ID# 6484	IA. SOCIETY OF ANESTHESIOLOGISTS F	PAC	
11/14/2009	L	525 SW 5TH ST STE A		100.00
		DES MOINES, IOWA 50309		
		IOWANS FOR A SKILLED WORKFORCE		
11/30/2009	CK# 3132	707 EAST LOCUST ST		400.00
		DES MOINES, IOWA 50309		
	ID#			
j	CK#			
			SUB-TOTAL S	1295.00

TOTAL (if last page of this schedule) \$

3701.08

Page_	3	of	_3
(for Sc	hedul	e A)	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marrage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT STATE PAC COMMITTEE: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD. COMMITTEE NAME (Must be same as on Statement of Organization) Cohoon for Representative

DATE	CANDIDATE	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	AMOUN	Т
EXPENDED	ID NUMBER	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPEND	ED
MM/DD/YR)	AND PAC				
	CHECK #				
		HOUSE TRUMAN FUND, Iowa Dom Party			
2/17/2009	CK# 5014	5661 FLEUR DR	STATE PARTY	\$ 10	0.00
· · · · · · · · · · · · · · · · · · ·		DES MOINES, IOWA 50321			
	ID# 376				
	CK# 5015	VOID	7	\$	_
				,	
	ID#276 9058	DES MOINES CO. DEMOCRATS			
7/16/2009	CK# 5016	414 N. 3RD ST	CAMPAIGN FANS	\$ 4	0.0
		BURLINGTON, IOWA 52601		•	
	ID# 9058	DES MOINES CO. DEMOCRATS			
7/16/2009	CK# 5017	414 N. 3RD ST	T-SHIRT	\$ 1	5.00
	BURLINGTON, IOWA 52601	—	Ψ ,	10.00	
	ID# 346 9098	HOUSE TRUMAN FUND, I OWA Dem Party			
8/18/2009	CK# 5018	5661 FLEUR DR	STATE PARTY	\$ 1,000.00	
		DES MOINES, IOWA 50321	Ψ 1,00	0.00	
	ID# 376	POSTMASTER			
10/20/2009	CK# 5019	300 N. MAIN ST.	POSTAGE	\$ 2	2.00
		BURLINGTON, IOWA 52601	- I	Ψ 2.	2.00
	ID# 376				
	CK#				
	l CAL		- 		
	ID# 376				
	CK#				
	CIL				
* 	ID# 376				
	CK#				
	CK		-		
	ID# 376				
	CK#		- 		
			- 		
		SUB-TOTA	\L	\$ 1,17	7.00
		TOTAL (if last page of this schedul		\$ 1,17	

THIS BOX APPLIES TO CANDIDATES' COMMITEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Sch H. (Refer to Sch. H instructions.)

Expenditures to persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services, must also be detail itemised on Schedule G by the amount, purpose, and date of each type A66of expenditure made by the person/entity on behalf of the candiate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

	INSTRUCTIONS		ac ====
ruc	IIVO I IKUU I IUIVS.	SEE BACK	OFFORM

COMMITTEE NAME (Must be same as on Statement of Organization)	\neg
Cohoon for	Representative	

																							•																																																																							•					
CC	(L	1	1)	<u>)</u>	1	L	_	_		_	_																																																																																			
ГΗ	7	7	(<	K	K	K	K	K	K	<	(•	•	•	•	•	•	•	•	•																																																																												
N	11	1))))	۱	١	İ					İ	İ)))))))))))))))))))))))))))))))))))))))					
141		•	_	_	-	•		••		-	_	_	•	71	1	•	•	•	•	•	•		•						•																																														•	•																		•	•	•	•	•	•
-								`																																																																																											
-																																																																																																			
-																																																																																																			
-																																																																																																			
-																																																																																																			
-																																																																																																			

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE
5/12/09			Food & Drink FOR FUND raiser	75.00
5/12/09	Mike Heller 1621 S. 50th Place West Des Moines, Iowa 50266		Food & Drink for fund raiser	75.00
			-	* 112
			SUB-TOTAL	\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

150.00

TOTAL (if last page of this

schedule)